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TOWN OF GRAFTON
GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
(508) 839-5335 • FAX (508) 839-4602
www.grafton-ma.gov

**DISABILITY COMMISSION
(Regular Meeting)**

AGENDA / MEETING NOTICE

Thursday, November 21, 2019 – 7:00 p.m.
Municipal Center, Conference Room A (1st Floor)

CALL TO ORDER

Moment of Silence (Lt. Jason Menard – Worcester Fire Dept. 11/13/19)

1. ANNOUNCEMENTS

Current Disability Commission member at-large, Donna Stock was elected to the Select Board on October 29, 2019. She has since been re-designated as Select Board representative and Doreen DeFazio has stepped back as Select Board representative. This creates an opening on the Disability Commission which will be posted on Grafton's web site.

2. PERSONAL TAX EXEMPTIONS (Principal Assessor, Mary Oliver)

- Senior, Surviving Spouse, Surviving Minor (Clause 17D) - \$239 Base / \$478 Max
- Disabled Veteran (Clause 22) - \$400 Base / \$2,000 Max
- Legally Blind (Clause 37A) - \$500 Base / \$1,000 Max
- Senior Citizen (Clause 41C) - \$750 Base / \$1,000 Max
- Senior Work-off (Chapter 59, Section 5K) – up to 125 hours
- Deployed National Guard & Reservists (Clause 56) – up to 100% of tax

3. ADA Self-Evaluation and Transition Plan – as per 10/17/19 meeting, the focus of the discussion will be on pages 32 through 50- Municipal Center (Administration / Senior Center / Veteran's Hall).

11/21/2019 Grafton, MA Disability Commission Agenda cont'd:

4. MINUTES

- October 17, 2019

5. OLD BUSINESS

- Grafton Celebrates the Holidays – Sunday, December 8, 2019 (accessible venues).
- Accessible/Handicapped Parking Fines Account and Balance
- Grafton Special Education Parent Advisory Council (SEPAC)
- Trainings / trained first responders –Police, Fire, EMS, etc.
- MA Office on Disability (MOD) – Roger Trahan signed us up for email and blog, using disabilitycommission@grafton-ma.gov as recipient.

6. NEW BUSINESS

- Hassanamisco (Cisco) Homestead (80 Brigham Hill Road) – renovations and accessibility.

7. Next Meeting (Thursday, December 19, 2019 at 7:00 p.m.)

Adjourn

17	22	37	41	42&43
Assessors' Use only				
Date Received				
Application No.				
Parcel Id.				

Name of City or Town

SENIOR -- SURVIVING SPOUSE OR MINOR -- VETERAN -- BLIND
FISCAL YEAR _____ APPLICATION FOR STATUTORY EXEMPTION
General Laws Chapter 59, § 5

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
(See General Laws Chapter 59, § 60)

Return to: Board of Assessors

Must be filed with assessors on or before December 15
or 3 months after actual (**not** preliminary) tax bills are
mailed for fiscal year if later.

INSTRUCTIONS: Complete all sections that apply. If you qualify under more than one category, you will receive the exemption that provides the greatest amount of assistance. Please print or type.

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____		Marital Status _____	
Telephone Number _____		Mailing Address (If different) _____	
Legal Residence (Domicile) on July 1, _____		_____	
No. _____	Street _____	City/Town _____	Zip Code _____
Location of Property: _____		No. of Dwelling Units: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other _____	
Did you own the property on July 1, _____? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, were you: Sole Owner <input type="checkbox"/> Co-owner with Spouse Only <input type="checkbox"/> Co-owner with Others <input type="checkbox"/>			
Was the property subject to a trust as of July 1, _____? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please attach trust instrument including all schedules.			
Have you been granted any exemption in any other city or town (MA or other) for this year? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, name of city or town _____		Amount exempted \$ _____	

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Ownership <input type="checkbox"/>	GRANTED <input type="checkbox"/>	Assessed Tax \$ _____
Occupancy <input type="checkbox"/>	DENIED <input type="checkbox"/>	Exempted Tax \$ _____
Status <input type="checkbox"/>	DEEMED DENIED <input type="checkbox"/>	Adjusted Tax \$ _____
Income <input type="checkbox"/>		
Assets <input type="checkbox"/>		Board of Assessors
Date Voted/Deemed Denied _____		
Certificate No. _____		
Date Cert./Notice Sent _____		
Exemption: Clause _____ Date: _____		

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

B. EXEMPTION STATUS. Check the status that applies to you and complete the questions that follow.

☐ **BLIND PERSON**

Were you legally blind as of July 1, _____? Yes ☐ No ☐

Are you registered with Mass. Commission for the Blind? Yes ☐ No ☐

If yes, give Certificate Number _____ Date Registered _____ Attach copy of certificate.

If no, attach a letter from your doctor indicating status as of July 1.

IF NO OTHER STATUS APPLIES TO YOU, GO ON TO SECTION E

☐ **VETERAN**

☐ **VETERAN'S SPOUSE**

Veteran's Name _____

Was the property the veteran's domicile as of July 1, _____?

Yes ☐ No ☐

If no, where does the veteran reside? _____

☐ **VETERAN'S/SERVICEMEMBER'S/ NATIONAL
GUARD MEMBER'S SURVIVING SPOUSE or
SERVICEMEMBER'S SURVIVING PARENT**

Deceased Veteran's/Servicemember's/National Guard member's
Name _____

If first year of application, attach copy of death certificate.

If you are surviving spouse, have you remarried? Yes ☐ No ☐

Date Enlisted/Inducted _____

Date Discharged _____

Type of Discharge _____

If first year of application, attach copy of discharge papers.

Military Decorations or Awards _____

Did the veteran/servicemember/national guard member live in Massachusetts for at least 6 months before entering the service? Yes ☐ No ☐ If no, list places and dates where veteran or member lived during the last 6 years or if deceased, the 6 years before death (2 years if local option adopted - See Assessors)

Address

Dates

_____	_____
_____	_____
_____	_____

Continue list on attachment in same format as necessary.

If yes to any of the next 2 questions and if first year of application, (1) attach documentation from U.S. Dept. of Veterans Affairs, branch of service or doctor and (2) list above places and dates where surviving spouse has lived during the last 6 years (2 years if local option adopted - See Assessors)

Was the servicemember or national guard member killed or presumed killed in a combat zone? Yes ☐ No ☐

Was the servicemember's or national guard member's death a proximate result of a combat injury or disease? Yes ☐ No ☐

If yes to any of the next 3 questions and

If first year of application, attach Certificate of Disability from U.S. Dept. of Veterans Affairs or branch of service.

If exemption granted previously, attach certificate only if disability rating is 100% or has changed.

Does the veteran have a service-connected disability? Yes ☐ No ☐

Has the veteran acquired "specially adapted housing?" Yes ☐ No ☐

Is the veteran a paraplegic? Yes ☐ No ☐

IF NO OTHER STATUS APPLIES TO YOU, GO ON TO SECTION E

☐ **SURVIVING SPOUSE** Deceased Spouse's Name _____
 Date of Death _____
 Have you remarried? Yes ☐ No ☐ If yes, date of remarriage _____

☐ **MINOR WITH PARENT DECEASED** Deceased Parent's Name _____
 Date of Death _____

If first year of application, attach a copy of death certificate.

Are you a surviving spouse or a minor child of a firefighter or a police officer killed in the line of duty? Yes ☐ No ☐

IF NO, AND NO OTHER STATUS APPLIES TO YOU, GO ON TO SECTION E

If yes, and this is the first year of application, provide circumstances of death.

GO ON TO SECTION E

☐ **SENIOR 70 OR OLDER (65 or older by local option- See Assessors)** Date of Birth _____

If first year of application, attach copy of birth certificate.

Have you owned and occupied the property as your domicile for at least 11 years? Yes ☐ No ☐
 (6 years if local option under Clause 41C½ adopted - See Assessors)

If no, list the other properties you owned and/or occupied during the past 11 years (6 years if local option under Clause 41C½ adopted - See Assessors.)

Address	Dates	Owned	Occupied
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Continue list on attachment in same format as necessary.

GO ON TO SECTION C

C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR. Complete this section if you are a senior.
 Copies of your federal and state tax income returns, and other documentation, may be requested to verify your income.

	Applicant & Spouse	Co-owner(s) & Spouse(s)
Retirement Benefits (Social Security, Railroad, Federal, MA & Political Subdivisions)		
Other Pensions and Retirement Allowances.....		
Wages, Salaries and other Compensation		
Net Profits from Business, Profession or Property Rental		
Interest and Dividends		
Other Receipts (Capital Gains, Public Assistance, etc.)		
TOTALS		

GO ON TO SECTION D

D. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR. Complete this section if you are a (1) surviving spouse, (2) minor child of a deceased parent, or (3) senior. Documentation may be requested to verify your assets.

Real Estate	Assessed Valuation	Amount Due on Mortgage	Value
Domicile	_____	_____	_____
Other	_____	_____	_____
Personal Estate			
Bank Accounts: Name & Address of Bank			
_____		_____	_____
_____		_____	_____
Stocks, Bonds, Securities, etc.: Description & Amount			
_____		_____	_____
_____		_____	_____
Motor Vehicles & Trailers: Year, Make & Model			
_____		_____	_____
_____		_____	_____
Other Non-exempt Personal Property: Kind & Description			
_____		_____	_____
_____		_____	_____
TOTAL			_____
GO ON TO SECTION E			

E. SIGNATURE. Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this return and all accompanying documents and statements are true, correct and complete.

Signature

Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.

TAXPAYER INFORMATION ABOUT PERSONAL EXEMPTIONS

PERSONAL EXEMPTIONS. You may be eligible to reduce all or a portion of the taxes assessed on your domicile if you meet the qualifications for one of the personal exemptions allowed under Massachusetts law. Qualifications vary, but generally relate to age, ownership, residency, disability, income or assets.

You may be eligible for an exemption if you fall into any of these categories:

- Legally blind person
- Veteran with a service-connected disability
- Surviving spouse of a servicemember or national guard member who died in combat or from combat injury or disease
- Surviving spouse
- Minor child of a deceased parent
- Senior citizen age 70 and older (65 and older by local option)

More detailed information about the qualifications for each exemption may be obtained from your board of assessors.

WHO MAY FILE AN APPLICATION. You may file an application if you meet all qualifications for a personal exemption as of July 1. You may also apply if you are the administrator or executor of a person who qualified for a personal exemption on July 1.

WHEN AND WHERE APPLICATION MUST BE FILED. Your application must be filed with the Board of Assessors by December 15 or 3 months after the actual bills were mailed for the fiscal year, whichever is later. An application is filed when (1) received by the assessors on or before the filing deadline, or (2) mailed by United States mail, first class postage prepaid, to the proper address of the assessors, on or before the filing deadline, as shown by a postmark made by the United States Postal Service. THIS DEADLINE CANNOT BE EXTENDED OR WAIVED BY THE ASSESSORS FOR ANY REASON. IF YOUR APPLICATION IS NOT TIMELY FILED, YOU LOSE ALL RIGHTS TO AN EXEMPTION AND THE ASSESSORS CANNOT BY LAW GRANT YOU ONE.

PAYMENT OF TAX. Filing an application does not stay the collection of your taxes. In some cases, you must pay the tax when due to appeal the assessors' disposition of your application. Failure to pay the tax when due may also subject you to interest charges and collection action. To avoid any loss of rights or additional charges, you should pay the tax as assessed. If an exemption is granted and you have already paid the entire year's tax as exempted, you will receive a refund of any overpayment.

ASSESSORS DISPOSITION. Upon applying for an exemption, you may be required to provide the assessors with further information and supporting documentation to establish your eligibility. The assessors have 3 months from the date your application is filed to act on it unless you agree in writing before that period expires to extend it for a specific time. If the assessors do not act on your application within the original or extended period, it is deemed denied. You will be notified in writing whether an exemption has been granted or denied.

APPEAL. You may appeal the disposition of your application to the Appellate Tax Board, or if applicable, the County Commissioners. The appeal must be filed within 3 months of the date the assessors acted on your application, or the date your application was deemed denied, whichever is applicable. The disposition notice will provide you with further information about the appeal procedure and deadline.

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Disability Commission Meeting

Minutes October 17, 2019 –

Municipal Center, Conference Room A

Open: 7:07 pm

Members Present: Roger Trahan, Daryl Rynning, Donna Stock,
Krisitie Proctor, Catherine Dore

Members Absent: Alex McCullough, Doreen DeFazio

Videotaped and accessible for viewing:

<http://grafton.cablecast.tv/CablecastPublicSite/show/5049?channel=2>

1. Vote to organize the Commission – Daryl Rynning nominated as Clerk for the Commission. Donna motioned, Roger second. Discussion: offer to mentor new members in taking meeting minutes. Motion passed 4-0-1 abstain

2. Announcements- Email received from NGPTG regarding Fun Run results and money allocations. Email attached to minutes.

3. Personal Tax Exemptions- Agenda for this meeting contained phone number for Board of Assessors and information for Disabled Veterans and Legally Blind for areas of tax relief. Mary Oliver, Town Assessor is going to come speak directly to the Commission. Information on tax relief will be on our web page. Discussed other ways to get out the message besides web page. No votes taken.

4. Grafton Special Education Parent Advisory

Council (SEPAC): Melissa Lackey (chair of the SEPAC) is going to attend a future meeting.

Discuss how we can work together.

5. Minutes: Donna motioned to accept the minutes as written, Catherine second. Motion passed 4-0-1(abstain).

6. Old Business: Reminder to get in proof that each member has completed the Conflict of Interest online training. Get copy of passing the training to the Town Clerk.

Municipal ADA Improvement Grant program: Becca (Assistant Town Administrator) is waiting to see if Grafton was approved

Fines Account Update: Police have ticketed 6 people for violating handicapped parking in the last 5 years. All money from tickets is earmarked to an account for this Commission. Donna to check in with the Chief.

ADA self-evaluation: Connect with other Boards and Commissions, specifically the School Committee/Superintendent of Schools regarding their reports/ and or what pieces of the report may already be targeted in the capital budget. Donna to connect with Dr. Cummings

Divide up section VIII - IX of the report- specifically regarding Municipal Buildings. Discuss in future meetings what are high priorities, low hanging fruit or improvements that might not cost much.

Grafton Common improvements- nothing new to report

7. New Business: See agenda (10/17/19) for internet link to Massachusetts Office on Disability. Roger suggested all members

of this Commission should sign up for email alerts and subscribe to the blog.

Disability Commission has a formal email address:

disabilitycommission@graffton-ma.gov; Citizens can email us and all of us should receive the communication.

Training for Police, Fire and First Responders was discussed. Need to find out if these entities receive disability training.

Commission is going to allow remote participation. Will discuss policy in future meetings.

Adjournment: 8:11 pm Donna motioned, Kristie second. Motion passes 5-0.

Respectfully submitted by:

Daryl Rynning Clerk